Epidemiologic Profile for HIV/AIDS in Indiana 2003

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Acknowledgments

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Executive Summary

Demographics:
Indiana is a mostly rural state with several urban and metropolitan centers that had an estimated population of 6,159,068 people as of July 2002. The majority of the population (88.6%) is White and Non Hispanic, followed by African Americans (8.8%). The rest is comprised of people of Asian and Pacific Islander, and American Indian and Alaskan Native origin. The population is predominantly Non Hispanic (96.5%), with a small, but fast growing Hispanic minority. Based on the 2000 Census, 3.5% of the population selected Hispanic as their Ethnicity.
Prevalence:
By the end of June 2003, a total of 8087 people were infected with HIV/AIDS in the state of Indiana. The disease is male dominated, with the number of infected males five times higher than that of females. The rate of infection was at 219.2 for males and 44.2 for females per 100,000 people of the general population. Most of the infected persons are in their middle ages, ranging from 25 to 44 years of age. More than three out of ten people currently infected are African American, while about six out of ten people with HIV/AIDS were white. Based on the smaller numbers of African Americans in the general population, the infection rate of that racial group (531.5/100,000) is about three to six times the rate of the Hispanic (179.9/100,000) and White group (91.8/100,000). Three quarters of all infected males are White (52.8%) and African American (25.3%). Considering the much smaller number of African American males in the general population this demonstrates that African American males are much more affected compared to their White counterparts.

Each infected person is associated with a risk category of how they most likely were infected with the disease. The overwhelming majority of risk categories were Men Having Sex with Men (MSM). Its rate per 100,000 people of the population is between seven and ten times higher than the other risk categories for all infected people. It is the highest category of risk for all race and ethnicity groups, but it is especially pronounced for African Americans.

Geographically, the majority of infected people that were diagnosed in Indiana are also living here (95%). Within the state of Indiana, most infected people are concentrated in the urban areas of the state, with the majority living in Health region 6, corresponding to Central Indiana and the Indianapolis Metropolitan area, with 226.5 per 100,000 infected people. Other regions with large numbers of HIV/AIDS infected people include region 1 (125.0/100,000) which corresponds to the northwest part of the state adjacent to Chicago, and regions 5, 7 and 8 with about 90 per 100,000 of the general population.

Incidence:
The number of newly infected persons in Indiana was 593 for the period of July 2002 to June 2003. It had increased by almost 18% from the previous year and continues a trend of rising numbers of newly infected persons that started in the mid nineties. Consistent with the overall number of HIV/AIDS infected people, the majority of new infections is among males between the ages of 25 to 44 years of age. Males outrank females almost eight fold. Among the new infections with HIV/AIDS, African Americans have a rate that is twice as large as their Hispanic counterparts, and almost eight times that of Whites. Although African Americans make up only about 9% of the population, they account for almost 40% of all new infections. Consistent with the condition of the total infected population, males are predominant among new infections for all racial and ethnic groups. The rate of new infections with HIV/AIDS among African American males (68.0/100,000) is especially high, compared to their Hispanic (34.1) and White (10) counterparts. The highest rates are to be found in the MSM risk category, whose incidence rate of 8.2 per 100,000 is outranking all other risk categories and whose main contributors are African American (25.4/100,000) and Hispanic (16.2/100,000).
Geographically, over half of all newly infected persons live in Health Region 6 in Central Indiana, while the second largest group of almost 10% of all newly infected persons was living in region 1 in northwestern Indiana. Within the leading regions, Marion county and Lake county had the most new infections in the reported time period.

Mothers with HIV:
The number of reported cases of HIV positive mothers in Indiana was 50 in the reported time period. These mothers had a total of 421 children that were born, the majority after the mother tested positive for HIV. Almost two thirds of those mothers are African American, one quarter is White, and the rest were Hispanic women. Of all the children that were born to infected mothers, almost two third were definitely not infected, while 12% tested positive for HIV and 8% were diagnosed with AIDS. Please note that these numbers include all children, including those that were born before medication to prevent the spread of the HIV virus from mother to child was available.

Mortality:
The number of people that died of HIV/AIDS related complications in Indiana peaked around the year 1995 and started to drop sharply thanks to the widespread availability of anti-retroviral medications. However, the number has started to plateau in the last four years there were 137 deaths in 2002. The majority of infected people that died were White and African American males in the ages of 25 to 44. The majority of deaths are connected to the MSM risk group, with a mortality rate of 0.88 per 100 infected people that is more than three times that of the other rates. Geographically, the highest mortality rates occurred in regions 3 in Northeastern Indiana and zone 9 in East Central Indiana, with a rate of 3.1 and 3.4 death per 100 infected people respectively.

Mobility:
Of the total number of infected people, a relatively small number has migrated. At the end of June 2003, a total of 142 persons that were diagnosed with HIV/AIDS in Indiana and were still alive have moved out of the state, while at the same time a total of 505 people had moved to Indiana that were diagnosed with the disease in another state and that were alive at the time of this report. More infected White people have left the state than have moved here after they were diagnosed. In terms of numbers, 61.4% of infected persons that have left Indiana are White, compared to only 54.2% of those that moved to Indiana.
In contrast, African Americans were represented in larger numbers among those that have left our state (38.0%) than those that moved here after they were diagnosed in another state (32.5%). A similar result is true for infected persons of Hispanic ethnicity. Among the population that moved to Indiana, their share (7.0%) of all infected people was smaller than that of the group moving out of the state (5.4%). Of those that moved to Indiana, more than a third have settled in central Indiana's Health Region 6. The rest is distributed more or less equally among the other regions of the state

In 2003, a total number of 19,010 HIV/AIDS tests were administered in Indiana, with 101 (or 0.4%) positive test results. The gender of the tested persons was almost equally split between males and females, while the rate of positive results for Whites, African American and Hispanic was about the same at 0.4% per 100 tested persons. The largest number of HIV positive results came from the 30 to 39 year old age range. Among the possible risk categories, the largest positive rate was among the MSM mode of transmission (2.0%).

Behavioral Risk Factor Surveillance System:
Assessing the indicators of risk for HIV/AIDS in Indiana, a survey was conducted that asked specific questions to a representative group of Indiana residents. The majority of Hoosiers, almost 96%, think that it is *Very Important* or *Somewhat Important* to know one's HIV status, but only about 40% have been tested before. Of those tests, the majority were done by a private doctor or HMO. Only half of the surveyed knew that an HIV positive pregnant woman can get treatment to help reduce the chances of passing the virus on to the child, while almost nine out of ten did have knowledge the availability of medical treatments that are intended to help a person who is infected with HIV to live longer. Finally, less than 10% of surveyed Hoosiers had a conversation with a health professional about preventing sexually transmitted diseases through condom use in the past 12 months.

STD:
Chlamydia is the most frequently reported sexually transmitted disease in Indiana, with 17,009 cases reported in 2003, followed by Gonorrhea with 6,656 cases and 379 cases of Syphilis. The numbers of new infections with Chlamydia and Gonorrhea have declined from their 2002 numbers, while Syphilis shows a slight increase compared to 2002. Females outnumber males for both Chlamydia and Gonorrhea

while Syphilis is more prevalent among males. Both African Americans and Whites make up the majority of all STD cases in the last year with an almost equal number of Chlamydia cases, while Gonorrhea and Syphilis are more widespread among African Americans. In 2002, Indiana had 85 cases of acute Hepatitis B and only one person with an acute infection with Hepatitis C. The total number of chronic Hepatitis C infections for the state was reported to be 6,313 people. And finally, 128 cases of TB were reported in Indiana in 2002, out of which 11 persons were also HIV positive.

Care Issues:
In the current fiscal year, that runs from April 1, 2003 to March 31, 2004, the funding for Title II of the Ryan White CARE Act added up to a total of $10,555,376. The majority of that budget (74%) finances Health Insurance Assistance Programs (HIAP), while the rest is used for other medical and social services.

Of the 393 persons enrolled in the medical and social service programs called ADMS (AIDS Drug and Medical Services) in 2002, almost two thirds (63%) are White, and about a quarter (26%) are African American. The majority of recipients, 4 out of 10, reside in the Indianapolis Metropolitan area. The majority selected MSM as their main category of risk behavior. A total of 520 persons received assistance with the cost for medications in 2002 under the AIDS Drug Assistance Program (ADAP), while 1,364 clients were enrolled and received assistance through the Health Insurance Assistance Program (HIAP).

Unmet Needs are defined as service needs and gaps for infected individuals who know their HIV positive status and are not receiving regular primary medical care. In 2002, a total of 4726 persons had medical and service needs that were not met by the system. A final report of the findings about the Unmet Needs of infected persons in Indiana had not been issued at the time of this report.

Introduction

This statewide profile describes the epidemiology of HIV, AIDS and other sexually transmitted diseases (STD's) in Indiana, mainly through June 2003, the last date of surveillance information available. The report describes the distribution of the HIV/AIDS disease by geography, age, sex, race, ethnicity and associated risk categories.

The purpose of this profile is to assist in the development of a comprehensive HIV/AIDS prevention and care plan by providing the necessary data that can aid in designing and implementing prevention and care services, as well as pointing out the dimensions of unmet needs for infected persons throughout the state of Indiana.

In order to meet those criteria, the profile will address five key questions:

1. What are the sociodemographic characteristics of Indiana's population?
2. What is the scope of the HIV/AIDS epidemic in Indiana?
3. What are the indicators of risk for HIV/AIDS in Indiana
4. What are the patterns of service utilization of HIV-infected people in Indiana?
5. What are the number and characteristics of people who know they are HIV-positive, but who are not receiving HIV primary medical care?

Profile Data Sources

This profile was compiled using a number of different data sources to present as complete as possible a picture of the epidemic. The majority of the information, however, will be derived from the HIV Surveillance Database, which was used heavily throughout the report.

Each data source has strength and limitations. A brief description of each source follows.

1. **HIV/AIDS Surveillance**
   The data for this report was collected through 2002 and mid 2003 and includes reports of HIV infections, AIDS Indicator Diseases, HIV related laboratory results submitted by physicians, hospitals, counseling and testing sites, and laboratories.

2. **Behavioral Surveys**
   Behavioral Risk Factor Surveillance System (BRFSS)
   The BRFSS is a state-based random telephone survey of adults that collects data from Indiana residents on various modifiable health risks, preventive health measures, and demographic variables. The objective of the report is to encourage change in risk-related health behaviors, to discover target populations for programs and resources, and to present the condition of Indiana's health in a way that it can be compared to the health risk behaviors of the rest of the United States.

3. **STD Surveillance Database**
   The STD Surveillance Database is part of the STD Program at the Indiana State Department of Health (ISDH) that provides technical and financial assistance to local STD Programs for surveillance, case detection through screenings, ensuring treatment of known cases, case follow-up and education. Efforts are coordinated among the groups screening for Syphilis, Gonorrhea, and Chlamydia. The data in this database comes from STD clinics, physicians, and laboratories for STD infections (Syphilis, Gonorrhea, Syphilis) diagnosed through 2003.

4. **Counseling, Testing and Referral Data**
   This database is compiled from the statewide outreach program that coordinates the efforts of local HIV counseling and testing sites. The effort is intended to promote the early detection of HIV infection and the management of HIV-related illnesses, educate people regarding alternative behaviors to those which facilitate HIV infection, and to facilitate access to health care. The data that is collected at Counseling, Testing and Referral sites throughout Indiana. Testing is voluntary and either anonymous or confidential. The tests include either blood or oral testing medium.

5. **Vital Statistics**
   The Vital Statistics source provides excerpts from the Natality report and pregnancy outcomes for 2001.

6. **Population Data**
   The main source for all population data in the U.S. is the Census Bureau that conducts a general population survey every ten years. The last decennial census was conducted in 2000. The results of that census, as well as forecasts and estimates for 2002 were issued by the Census Bureau and are used in this Epidemiologic Profile.

7. **HIV Care Data**
   The HIV Care Date is collected through the HIV Care Coordination Program that offers a specialized form of case management and is the foundation upon which all other HIV/AIDS services are built. The service is available statewide through seventeen (17) regional sites which provide HIV positive residents with an individualized plan of care to address their medical, psychosocial, financial, and other supportive services needs.

Strengths and Limitations of Profile

LIMITATIONS AND CAVEATS

Data collected through the Indiana HIV/AIDS surveillance system is collected through: 1) required reports of persons with HIV infection and AIDS diagnosed or treated by physicians and hospitals, and 2) by laboratories that test for HIV, indicators for HIV, an antigen of the virus, or antibodies to that virus. Indiana reporting is designed such that the surveillance system receives multiple reports on each diagnosed person as the disease progresses and as various health care providers serve the person. AIDS case reports are the only HIV-related data consistently available on a population-wide basis in all states by sex, race/ethnicity, age, and mode of HIV exposure (risk factor). Job Corps entrants and civilian applicants for military service are also tested for HIV and reported to the CDC as an aggregate.

HIV and AIDS case report data represents those persons who: 1) have confidentially tested positive for HIV, 2) received medical care, and 3) have been reported by the health care provider. Deaths are voluntarily reported and gleaned from death certificates with HIV and AIDS identified as a cause of death.

Data from the federally funded and state administered HIV Counseling and Testing Services (CTS) program's counseling and testing sites may assist in assessing the characteristics of newer HIV infections except that CTS clinic data have several limitations. CTS clients are self selected and do not necessarily represent more recent infections in the state. The data represent tests performed, not persons tested, and the tests include unlinked results and repeated tests. Those tests that are performed confidentially and test positive for HIV are reported to the surveillance system by name and thus are linked and unduplicated in the surveillance reporting system. Comparing CTS data based on tests done and surveillance data based on reported cases has some variation in all groups.

Data are also included from the Sexually Transmitted Disease program, Tuberculosis Control program, Behavior Risk Factor Surveillance program, and the Vital Statistics Unit at the Indiana State Department of Health. Data were also included from the Center's for Disease Control and Prevention's HIV Surveillance report.

It is advisable not to over-interpret small changes or differences from year to year or between different groupings within the same year. Given the low numbers of cases in some categories, they may be misleading. Also misleading can be slight differences in exact numbers, depending on which database they were derived. In those cases it is more the general tendency that matters and not the exact absolute number. All data sources are not equivalent, and not all databases will add up to the exact same numbers.

Organization of the Profile

This profile answers five core questions in two main sections.

Chapter 1: Core Epidemiologic Questions

This section provides background on the characteristics of the general population of Indiana, distribution of HIV, and a profile of those at risk for HIV infection. Three questions form the core of this section:

1. **What are the sociodemographic characteristics of the general population in Indiana?** Informs readers about the overall demographic and socioeconomic characteristics of Indiana.
2. **What is the scope of the HIV/AIDS Epidemic in Indiana**? Assesses the impact of HIV/AIDS among a number of groups within Indiana. This allows planners and care givers to target those populations most at risk.
3. **What are the indicators of risk for HIV/AIDS in Indiana?** Provides an in-depth look at populations most at risk. Indirect and direct measures assist in indicating high-risk behaviors.

Chapter 2: Ryan White HIV/AIDS CARE Act Special Questions and Considerations

This section concentrates on questions pertaining to Health Resources and Services Administration HIV/AIDS care planning. Included is a description of access, utilization, and standards of care among HIV-positive people in Indiana. It is organized around two central questions:

1. **What are the patterns of service utilization of HIV-infected people in Indiana?** Examines service utilization by several populations living with HIV/AIDS.
2. **What are the number and characteristics of people who know they are HIV-positive, but who are not receiving HIV primary medical care?** Estimates unmet need of persons who are HIV-positive, but not receiving care throughout Indiana.